

# PROVIDER BULLETIN

## PROVIDER INFORMATION

July 1, 2024

### **eviCore Healthcare Specialty Utilization Management (UM) Program: Musculoskeletal Clinical Guideline Updates**

eviCore has released clinical guideline updates for the Musculoskeletal program. Guideline updates will become effective **September 1, 2024**.

**Please review all guidelines when submitting a prior authorization request.**

#### **Guidelines with substantive changes:**

##### **Joint**

- Total Knee Replacement
- Partial Knee Replacement
- References (CMM-311)
- Meniscectomy or Meniscal Repair Indications
- Anterolateral Ligament (ALL) Reconstruction/Lateral Extra-Articular Tenodesis (LEAT)
- Procedures for Patellofemoral Conditions
- Lysis of Adhesions/Manipulation under Anesthesia (MUA)
- Hip Resurfacing Arthroplasty
- Hip Replacement
- Partial Hip Replacement Indications
- Total Hip Replacement Indications
- Total Hip Replacement Non-Indications
- Arthroscopic or Open Hip Surgery for Femoroacetabular Impingement (FAI) Indications
- Labral Repair or Reconstruction Indications
- Arthroscopic or Open Hip Surgery for Femoroacetabular Impingement (FAI) Indications
- Arthroscopic Capsular Release/Lysis of Adhesions/Manipulation under Anesthesia (MUA)
- Release Total Shoulder Arthroplasty (Replacement) Indications

##### **Pain Management**

- Non-Indications

##### **Spine Surgery**

- Definitions
- CMM-601.1- General Guidelines
- CMM-601.2- Osteotomy
- CMM-601.3- Anterior Cervical Discectomy
- CMM-601.4- Initial Primary Anterior Cervical Discectomy and Fusion (ACDF)
- CMM-601.5- Anterior Cervical Corpectomy
- CMM-601.6- Repeat Anterior Cervical Discectomy and Fusion (ACDF) at the Same Level

## Spine Surgery, continued

- CMM-601.7- Adjacent Segment Disease
- CMM-601.8- ACDF Following Failed Cervical Disc Arthroplasty Surgery
- CMM-601.9- Non-Indications
- Procedure (CPT®) Codes
- CMM-602.2- Initial Primary Cervical Total Disc Arthroplasty
- CMM-602.4- Adjacent Segment Disease Secondary to Cervical Total Disc Arthroplasty
- CMM-602.5- Non-Indications
- CMM-603.1- General Guidelines
- CMM-603.2- Initial Primary Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty)
- CMM-603.3- Repeat Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty)
- CMM-604.7- Repeat Posterior Cervical Decompression) at the Same Level
- CMM-604.1- General Guidelines
- CMM-604.2- Osteotomy
- CMM-604.3- Initial Primary Posterior Cervical Fusion for Conditions other than Pseudoarthrosis
- CMM-604.4- Initial Primary Posterior Cervical Fusion with Posterior Cervical Decompression for Conditions other than Pseudoarthrosis
- CMM-604.5- Posterior Cervical Fusion (Initial or Repeat) for Symptomatic Pseudoarthrosis
- CMM-604.6- Repeat Posterior Cervical Fusion at the Same Level for Conditions other than Pseudoarthrosis
- CMM-604.7- Posterior Cervical Fusion (with or without Decompression) Following Failed Cervical Disc Arthroplasty Surgery
- CMM-604.8- Non-Indications
- Procedure (CPT®) Codes (CMM-604)
- CMM-606.1- General Guidelines
- CMM-606.2- Initial Primary Lumbar Microdiscectomy (Laminotomy, Laminectomy or Hemilaminectomy)
- CMM-606.3- Repeat Lumbar Microdiscectomy (Laminotomy or Laminectomy) at the Same Level
- CMM-607.2- Indications
- CMM-607.3- Non-Indications
- CMM-608.1- General Guidelines
- CMM-608.2- Initial Primary Lumbar Decompression
- CMM-608.3- Corpectomy
- CMM-608.4- Repeat Lumbar Decompression at the Same Level
- Procedure (CPT®) Codes (CMM-608)
- CMM-609.1- General Guidelines
- CMM-609.2- Osteotomy
- CMM-609.3- Pediatric Spinal Deformity
- CMM-609.4- Lumbar Fusion (Arthrodesis) with Decompression (Indirect or Direct)
- CMM-609.5- Lumbar Fusion (Arthrodesis) without Decompression
- CMM-609.6- Adjacent Segment Disease
- CMM-609.7- Lumbar Fusion (with or without Decompression) Following Failed Lumbar Disc Arthroplasty Surgery
- CMM-609.8- Repeat Lumbar Fusion (Arthrodesis) at the Same Level
- CMM-609.9- Non-Indications
- Procedure (CPT®) Codes (CMM-609)
- CMM-610.2- Initial Primary Lumbar Total Disc Arthroplasty
- CMM-611.2- Minimally Invasive Sacroiliac Joint Fusion or Stabilization Indications
- CMM-611.3- Open Sacroiliac Joint Fusion Indications
- CMM-612.2- Recombinant Human Bone Morphogenetic Protein (rhBMP-2) (InFuse®)
- CMM-613.2- Initial Thoracic Decompression/Discectomy
- CMM-613.3- Corpectomy
- CMM-613.4- Repeat Thoracic Decompression/Discectomy at the Same Level
- Procedure (CPT®) Codes (CMM-613)
- CMM 614.2- Osteotomy
- CMM-614.3- Pediatric Spinal Deformity
- CMM-614.4- Initial Thoracic or Thoracolumbar Fusion (Arthrodesis) with Decompression
- CMM-614.5- Initial Thoracic or Thoracolumbar Fusion (Arthrodesis) without Decompression

## Spine Surgery, continued

- CMM-614.7- Repeat Thoracic or Thoracolumbar Fusion (Arthrodesis) at the Same Level
- Procedure (CPT®) Codes
- CMM-615.2- Indications
- CMM-616- Vertebral Body Tethering for Adolescent Idiopathic Scoliosis

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of CPT codes that require prior authorizations, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

### To view CPT Code lists:

- Access the 'Provider Section' of the Blue Cross website at [bluecrossmn.com/providers](https://bluecrossmn.com/providers)
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, located under *Other evidence-based criteria and guidelines we use and how to access them*
- Select "**Solution Resources**" and then click on the appropriate solution (ex. Laboratory Management)
- Select "**CPT Codes**" to view the current CPT code list that require a prior authorization

### To view Clinical Guidelines:

- Access the 'Provider Section' of the Blue Cross website at [bluecrossmn.com/providers](https://bluecrossmn.com/providers)
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, located under *Other evidence-based criteria and guidelines we use and how to access them*
- Click on the "**Resources**" dropdown in the upper right corner
- Click "**Clinical Guidelines**"
- Select the appropriate solution: i.e., Laboratory Management (Note: read and accept disclaimer)
- Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
- Click on the "**Current,**" "**Future,**" or "**Archived**" tab to view guidelines most appropriate to your inquiry.

### To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the [Provider feedback form for third-party clinical policies/guidelines/criteria PDF](https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies) via <https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies>.

### Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Self-insured commercial subscribers (Select Groups)
- Medicare Advantage subscribers

### Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on [Availity.com/Essentials](https://Availity.com/Essentials) to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow

the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

**To access the Prior Authorization Look Up Tool:**

1. Log in at [Availity.com/Essentials](https://Availity.com/Essentials)
2. Select **Patient Registration**, choose **Authorization & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application.

**To submit a Prior Authorization (PA) Request to eviCore**

Providers submit eviCore PA requests at [Availity.com/Essentials](https://Availity.com/Essentials). There is no cost to the provider.

Instructions on how to utilize this portal are found at [Availity.com/Essentials](https://Availity.com/Essentials). Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

**If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

**Questions?**

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.